



United States Environmental Protection Agency
Washington, D. C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <u>N</u> 2 <u>5</u>	3 <u>I</u> 4 <u>D</u> 5 <u>0</u> 6 <u>0</u> 7 <u>2</u> 8 <u>5</u> 9 <u>4</u> 10 <u>0</u> 11 <u>2</u>	12 <u>8</u> 13 <u>7</u> 14 <u>0</u> 15 <u>6</u> 16 <u>1</u> 17 <u>9</u>	18 <u>S</u>	19 <u>R</u>	20 <u>2</u>
Remarks					
Reserved	Facility Evaluation Rating	BI	QA	Reserved	
67 <u> </u> 68 <u> </u>	69 <u> </u> 70 <u> </u>	71 <u> </u>	72 <u> </u>	73 <u> </u> 74 <u> </u>	75 <u> </u> 76 <u> </u> 77 <u> </u> 78 <u> </u> 79 <u> </u> 80 <u> </u>

Section B: Facility Data

Name and Location of Facility Inspected		Entry Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Permit Effective Date
<u>Cyprus Mining Company - Thompson Creek</u>			<u>6/10/81</u>
<u>P.O. Box 62</u>		Exit Time/Date	Permit Expiration Date
<u>Clayton, Id. 83227</u>			<u>6/10/86</u>
Name(s) of On-Site Representative(s)		Title(s)	Phone No(s)
<u>Bert Dougherty</u>		<u>Supervisor Environmental Affairs</u>	<u>838-2200</u>
Name, Address of Responsible Official		Title	
<u>Chris Jones</u>		<u>General Manager</u>	
<u>P.O. Box 62</u>		Phone No.	Contacted
<u>Clayton, Id. 83227</u>		<u>838-2200</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<u>S</u> Permit	<u>S</u> Flow Measurement	<u>N</u> Pretreatment	<u>S</u> Operations & Maintenance
<u>S</u> Records/Reports	<u>N</u> Laboratory	<u>N</u> Compliance Schedules	<u>N</u> Sludge Disposal
<u>S</u> Facility Site Review	<u>S</u> Effluent/Receiving Waters	<u>S</u> Self-Monitoring Program	<u>N</u> Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

See Attachment

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Telephone	Date
<u>Dan R. M. J.</u>	<u>EPA/200/554-1450</u>	<u>6/29/87</u>
Signature of Reviewer	Agency/Office	Date
Regulatory Office Use Only		
Action Taken	Date	Compliance Status
		<input type="checkbox"/> Noncompliance
		<input type="checkbox"/> Compliance

Records, Reports, and Schedules Checklist

A. Permit Verification

<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	INSPECTION OBSERVATIONS VERIFY INFORMATION CONTAINED IN PERMIT
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	1. Correct name and mailing address of permittee.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	2. Facility is as described in permit.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	3. Notification has been given to EPA/State of new, different, increased discharges.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	4. Accurate records of influent volume are maintained, when appropriate.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	5. Number and location of discharge points are as described in the permit.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	6. Name and location of receiving waters are correct.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	7. All discharges are permitted.

B. Recordkeeping and Reporting Evaluation

<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	RECORDS AND REPORTS ARE MAINTAINED AS REQUIRED BY PERMIT
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	1. All required information is available, complete, and current; and
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	2. Information is maintained for required period.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	3. Analytical results are consistent with the data reported on the DMR's.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	4. Sampling and Analysis Data are adequate and include:
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	a. Dates, times, location of sampling
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	b. Name of individual performing sampling
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	c. Analytical methods and techniques
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	d. Results of analysis
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	e. Dates of analysis
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	f. Name of person performing analysis
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	g. Instantaneous flow at grab sample stations
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	5. Monitoring records are adequate and include
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	a. <u>Flow</u> , <u>pH</u> , D.O., etc. as required by permit
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	b. Monitoring charts
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	6. Laboratory equipment calibration and maintenance records are adequate.
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	7. Plant Records are adequate* and include
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	a. O&M Manual
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	b. "As-built" engineering drawings
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	c. Schedules and dates of equipment maintenance and repairs
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	d. Equipment supplies manual
<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	e. Equipment data cards
	*Required only for facilities built with Federal construction grant funds.

Records, Reports, and Schedules Checklist

Yes No <u>N/A</u>	8. Pretreatment records are adequate and include:
Yes No <u>N/A</u>	a. Industrial Waste Ordinance (or equivalent documents)
Yes No <u>N/A</u>	b. Inventory of industrial waste contributors, including:
Yes No <u>N/A</u>	1. Compliance records
Yes No <u>N/A</u>	2. User charge information
Yes No <u>N/A</u>	9. SPOC properly completed, when required.
Yes No <u>N/A</u>	10. Best Management Practices Program available, when required.

C. Compliance Schedule Status Review

YES NO <u>N/A</u>	THE PERMITTEE IS MEETING THE COMPLIANCE SCHEDULE
Yes No N/A	1. The permittee has obtained necessary approvals to begin construction.
Yes No N/A	2. Financing arrangements are complete.
Yes No N/A	3. Contracts for engineering services have been executed.
Yes No N/A	4. Design plans and specifications have been completed.
Yes No N/A	5. Construction has begun.
Yes No N/A	6. Construction is on schedule.
Yes No N/A	7. Equipment acquisition is on schedule.
Yes No N/A	8. Construction has been completed.
Yes No N/A	9. Start-up has begun.
Yes No N/A	10. The permittee has requested an extension of time.
Yes No N/A	11. The permittee has met compliance schedule.

Records, Reports, and Schedules Checklist

D. POTW Pretreatment Requirements Review

YES NO N/A	THE FACILITY IS SUBJECT TO PRETREATMENT REQUIREMENTS
	1. Status of POTW Pretreatment Program
Yes No N/A	a. The POTW Pretreatment Program has been approved by EPA. (If not, is approval in progress? _____)
Yes No N/A	b. The POTW is in compliance with the Pretreatment Program Compliance Schedule. (If not, note why, what is due, and intent of the POTW to remedy)
	2. Status of Compliance with Categorical Pretreatment Standards.
Yes No N/A	a. How many industrial users of the POTW are subject to Federal or State Pretreatment Standards? _____
Yes No N/A	b. Are these industries aware of their responsibility to comply with applicable standards?
Yes No N/A	c. Have baseline monitoring reports (403.12) been submitted for these industries?
Yes No N/A	i. Have categorical industries in noncompliance (on EMR reports) submitted compliance schedules?
Yes No N/A	ii. How many categorical industries on compliance schedules are meeting the schedule deadlines? _____
Yes No N/A	d. If the compliance deadline has passed, have all industries submitted 90 day compliance reports?
Yes No N/A	e. Are all categorical industries submitting the required semiannual report?
Yes No N/A	f. Are all new industrial discharges in compliance with new source pretreatment standards?
Yes No N/A	g. Has the POTW submitted its annual pretreatment report?
Yes No N/A	h. Has the POTW taken enforcement action against noncomplying industrial users?
Yes No N/A	i. Is the POTW conducting inspections of industrial contributors?
Yes No N/A	3. Are the industrial users subject to Prohibited Limits (403.5) and local limits more stringent than EPA in compliance? (If not, explain why, including need for revision of limits.)

Facility Site Review Checklist

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1. Standby power or other equivalent provision is provided.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	2. Adequate alarm system for power or equipment failures is available.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	3. POTW handles and disposes of sludge according to applicable Federal, State, and local regulations.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	4. All treatment units, other than back-up units, are in service.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	5. Procedures for facility operation and maintenance exist.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	6. Organization plan (chart) for operation and maintenance is provided.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	7. Operating schedules are established.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	8. Emergency plan for treatment control is established.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	9. Operating management control documents are current and include:
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	a. Operating report
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	b. Work schedule
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	c. Activity report (time cards)
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	10. Maintenance record system exists and includes:
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	a. As-built drawings
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	b. Shop drawings
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	c. Construction specifications
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	d. Maintenance history
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	e. Maintenance costs
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	11. Adequate number of qualified operators are on-hand.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	12. Established procedures are available for training new operators.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	13. Adequate spare parts and supplies inventory and major equipment specifications are maintained.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	14. Instruction files are kept for operation and maintenance of each item of major equipment.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	15. Operation and maintenance manual is available.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	16. Regulatory agency was notified of by-passing. (Dates _____)

Facility Site Review Checklist

<p>Yes No N/A</p>	<p>17. Hydraulic and/or organic overloads are experienced. Reasons for overloads _____ _____ _____ _____</p>
<p>Yes No N/A</p>	<p>18. Up-to-date equipment repair records are maintained.</p>
<p>Yes No N/A</p>	<p>19. Dated tags show out of service equipment.</p>
<p>Yes No N/A</p>	<p>20. Routine and preventive maintenance are scheduled/performed on time.</p>

Permittee Sampling Inspection Checklist

A. Permittee Sampling Evaluation

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1. Samples are taken at sites specified in permit.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	2. Locations are adequate for representative samples.
Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	3. Flow proportioned samples are obtained where required by permit.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	4. Sampling and analysis completed on parameters specified by permit.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	5. Sampling and analysis done in frequency specified by permit.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	6. Permittee is using method of sample collection required by permit. Required Method: <u>Grab</u> If not, method being used is: () Grab () Manual composite () Automatic composite
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	7. Sample collection procedures are adequate:
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	a. Samples refrigerated during compositing
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	b. Proper preservation techniques used
	c. Containers and sample holding times before analyses conform with 40 CFR 136.3
Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	8. Monitoring and analyses are performed more often than required by permit. If so, results reported in permittee's self-monitoring report.

B Sampling Inspection Procedures and Observations

<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1. Grab samples obtained.
Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	2. Composite sample obtained Compositing frequency _____ Preservation _____
Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	3. Sample refrigerated during compositing.
Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	4. Flow proportioned sample obtained.
Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	5. Sample obtained from facility sampling device.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	6. Sample representative of volume and nature of discharge.
Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	7. Sample split with permittee.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	8. Chain of custody procedures employed.

A. Flow Measurement Inspection Checklist - General

Yes	No	N/A	1. Primary flow measuring device is properly installed and maintained.
Yes	No	N/A	2. Flow records are properly kept.
Yes	No	N/A	3. Sharp drops or increases in flow values are accounted for.
Yes	No	N/A	4. Actual flow discharged is measured.
Yes	No	N/A	5. Influent flow is measured before all return lines.
Yes	No	N/A	6. Effluent flow is measured after all return lines.
Yes	No	N/A	7. Secondary instruments (totalizers, recorders, etc.) are properly operated and maintained.
Yes	No	N/A	8. Spare parts are stocked.

B. Flow Measurement Inspection Checklist - Flumes

Yes	No	N/A	1. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.
Yes	No	N/A	2. Cross-sectional velocities at entrance are relatively uniform.
Yes	No	N/A	3. Flume is clean and free of debris or deposits.
Yes	No	N/A	4. All dimensions of flume are accurate.
Yes	No	N/A	5. Side walls of flume are vertical and smooth.
Yes	No	N/A	6. Sides of flume throat are vertical and parallel.
Yes	No	N/A	7. Flume head is being measured at proper location.
Yes	No	N/A	8. Measurement of flume head is zeroed to flume crest.
Yes	No	N/A	9. Flume is of proper size to measure range of existing flow.
Yes	No	N/A	10. Flume is operating under free-flow conditions over existing range of flows.

C. Flow Measurement Inspection Checklist - Weirs

			1. What type of weir is being used? <i>V-notch</i>
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	2. The weir is exactly level.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	3. The weir plate is plumb and its top edges are sharp and clean.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	4. There is free access for air below the nappe of the weir.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	6. The stilling basin of the weir is of sufficient size and clear of debris.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	7. Head measurements are properly made by facility personnel.
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	8. Proper flow tables are used by facility personnel.

D. Flow Measurement Inspection Checklist - Other Flow Devices

			1. Type of flowmeter used: _____
			2. What are the most common problems that the operator has had with the flowmeter?
			3. Measured Wastewater flow: _____ mgd; Recorded flow: _____ mgd; Error _____ %
			4. Design flow: _____ mgd.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	5. Flow totalizer is properly calibrated.
			6. Frequency of routine inspection by proper operator: _____ /day.
			7. Frequency of maintenance inspections by plant personnel: _____ /year.
			8. Frequency of flowmeter calibration: _____ /month.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	9. Flow measurement equipment adequate to handle expected ranges of flow rates.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	10. Venturi meter is properly installed and calibrated.
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	11. Electromagnetic flowmeter is properly calibrated.

Laboratory Quality Assurance Checklist

A. General	
Yes <input checked="" type="radio"/> No <input type="radio"/> N/A <input type="radio"/>	1. Written laboratory quality assurance manual is available.

B . Laboratory Procedures	
Yes No N/A	1. EPA approved analytical testing procedures are used.
Yes No N/A	2. If alternate analytical procedures are used, proper approval has been obtained.
Yes No N/A	3. Calibration and maintenance of instruments and equipment is satisfactory.
Yes No N/A	4. Quality control procedures are used.
Yes No N/A	5. Quality control procedures are adequate.
	6. Duplicate samples are analyzed ____ % of time.
	7. Spiked samples are used ____ % of time.
Yes No N/A	8. Commercial laboratory is used Name <u>Analytical Laboratories</u> Address _____ Contact _____ Phone _____

Yes No N/A	1. Proper grade distilled water is available for specific analysis.
Yes No N/A	2. Dry, uncontaminated compressed air is available.
Yes No N/A	3. Fume hood has enough ventilation capacity.
Yes No N/A	4. The laboratory has sufficient lighting.
Yes No N/A	5. Adequate electrical sources are available.
Yes No N/A	6. Instruments/equipment are in good condition.
Yes No N/A	7. Written requirements for daily operation of instruments are available.

Laboratory Quality Assurance Checklist (continued)

C. Laboratory Facilities and Equipment (continued)

Yes No N/A	8. Standards are available to perform daily check procedure.
Yes No N/A	9. Written trouble-shooting procedures for instruments are available.
Yes No N/A	10. Schedule for required maintenance exists.
Yes No N/A	11. Proper volumetric glassware is used.
Yes No N/A	12. Glassware is properly cleaned.
Yes No N/A	13. Standard reagents and solvents are properly stored.
Yes No N/A	14. Working standards are frequently checked.
Yes No N/A	15. Standards are discarded after recommended shelf life has expired.
Yes No N/A	16. Background reagents and solvents run with every series of samples.
Yes No N/A	17. Written procedures exist for cleanup, hazard response methods, and applications of correction methods for reagents and solvents.
Yes No N/A	18. Gas cylinders are replaced at 100-200 psi.

D. Laboratory's Precision, Accuracy, and Control Procedures

Yes No N/A	1. A minimum of seven replicates is analyzed for each type of control check and this information is on record.
Yes No N/A	2. Plotted precision and accuracy control charts are used to determine whether valid, questionable, or invalid data are being generated from day to day.
Yes No N/A	3. Control samples are introduced into the train of actual samples to ensure that valid data are being generated.
Yes No N/A	4. The precision and accuracy of the analyses are good.

E. Data Handling and Reporting

Yes No N/A	1. Round-off rules are uniformly applied.
Yes No N/A	2. Significant figures are established for each analysis
Yes No N/A	3. Provision for cross-checking calculation is used
Yes No N/A	4. Correct formulas are used to reduce to simplest factors for quick, correct calculation
Yes No N/A	5. Control chart approach and statistical calculations for quality assurance and report are available and followed
Yes No N/A	6. Report forms have been developed to provide complete data documentation and permanent records and to facilitate data processing
Yes No N/A	7. Data are reported in proper form and units
Yes No N/A	8. Laboratory records are kept readily available to regulatory agency for required period of time
Yes No N/A	9. Laboratory notebook or preprinted data forms are permanently bound to provide good documentation
Yes No N/A	10. Efficient filing system exists enabling prompt channeling of report copies

F. Laboratory Personnel

Yes No N/A	1. The analyst has appropriate training
Yes No N/A	2. The analyst follows the specified procedures
Yes No N/A	3. The analyst is skilled in performing analyses

PARAMETER/ OUTFALL		N	ML	AVERAGE	MAXIMUM	ADDITIONAL
TSS mg/l	SAMPLE MEASUREMENT				26	
	PERMIT REQUIREMENT				30	
T. As mg/l	SAMPLE MEASUREMENT				4.01	
	PERMIT REQUIREMENT				N/A	
T. Cd. mg/l	SAMPLE MEASUREMENT				4.001	
	PERMIT REQUIREMENT				N/A	
T. Cu mg/l	SAMPLE MEASUREMENT				4.01	
	PERMIT REQUIREMENT				N/A	
T. Pb mg/l	SAMPLE MEASUREMENT				4.01	
	PERMIT REQUIREMENT				N/A	
T. Hg. mg/l	SAMPLE MEASUREMENT				4.0005	
	PERMIT REQUIREMENT				N/A	
T. Zn mg/l	SAMPLE MEASUREMENT				4.002	
	PERMIT REQUIREMENT				N/A	
pH	SAMPLE MEASUREMENT			7.9		
	PERMIT REQUIREMENT	6.5			9.0	
	SAMPLE MEASUREMENT					
	PERMIT REQUIREMENT					

- ☐ GRAB SAMPLES OBTAINED
☐ COMPOSITE OBTAINED
☐ FLOW PROPORTIONED SAMPLE
☐ AUTOMATIC SAMPLER USED
☐ SAMPLE SPLIT WITH PERMITTEE
☐ CHAIN OF CUSTODY EMPLOYED
☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY

PRESERVATION

SAMPLE REFRIGERATED DURING COMPOSITING ☐ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOATS/OIL	COLOR	OTHER